PTO/SB/31 (08/03)

Approved for use through 07/31/2006 OMB 0651-0031

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under # Paperwork Reduction Act of 1995, no persons are required to respond to	Patent and Trademark Office: U. S. D						
CE OF APPEAL FROM THE EXAMINER TO THE	Docket Number: 1348(16951)	a valid OMB Control humber.					
BOARD OF PATENT APPEALS AND INTERFERENCES	•						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents", P. O. Box 1450,	Title: Authentication, Application-Authorization, and User Profiling Using Dynamic Directory Services						
Alexandria, VA 22313-1450"	Application No.: 09/664,893	Filed: 09/19/2000					
OnApril 3, 2006	For: Everson et al.						
Signature	Art Unit: 2136	Examiner: P. Parthasarathy					
Typed or Printed name Renée D. East	Alt Offit. 2136	Examiner. F. Fartilasaratily					
Applicant hereby appeals to the Board of Patent Appeals and Interference	es from the last decision of the examine	er					
The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 500.00							
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:							
☐ A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
 The Director has already been authorized to charge fees in this application to a Deposit Account I have enclosed a duplicate copy of this sheet. 							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No I have enclosed a duplicate copy of this sheet.							
☐ A petition for an extension of time under 37 CFR 1.135(a) (PTO/SB/22) is enclosed.							
Warning: Information on this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization on PTO-2038.							
I am the	0. 01	4 0 0					
☐ applicant/inventor	Man &M	Collan					
	Signature						
 assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. 							
(Form PTO/SB/96)	Mark L. Mollon						
*	Typed or printed name						
attorney or agent of record.							
Registration Number 31,123	734-542-0900 Telephone number	 					
57 - 44	·						
attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).	April 3, 2006	<u> </u>					
	Date						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
That of forms are submitted							
☐ *Total of forms are submitted.							

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, U. S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

04/05/2006 HDESTA1 00000107 210765 09664893

01 FC:1401

500.00 DA

AF/2136 JA ZJW PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

APR 0.5 2006 FEE TRANSMITTAL			L	Complete if known					
FEE TRANSMITTAL FOR FY 2005			<u> </u>	Application Number		09/664,893			
FOR FT ZUUD		IO\	Filing Date		09/19/2000				
Effective 12/05/2004. Fee pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Applicant claims small entity status. See 37 CFR 1.27			First Named Inventor		Everson et al.				
☐ Applicant claims small	entity status. See 37 C	FR 1.27				ner Name	P. Parthasar	athy ————————————————————————————————————	
TOTAL AMOUNT OF PAY	MENT	(\$	500.00)	⊢	Art Uni		2136		
		ΙΨ	,	/	Attorne	ey Docket No.	1348(16951)		
□ Check □ Credit Card □ Money Order □ None □ Other (please identify):									
☑ Deposit Account: Deposit Acct. Number: 21-0765 Deposit Acct. Name: Sprint Communication Company L.P. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
 ☑ Charge fee(s) indicated below ☑ Charge any additional fee(s) or any underpayment of fee(s) ☑ Charge fee(s) indicated below, except the filing fee to the above-identified deposit 									
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND EXAMINATIO	N FEES				·			
	FILING F	EES	SEAF	RCH FEES		EXAMINATION I	FEES		
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Enti Fee (\$)	ity	<u>S</u> <u>Fee (\$)</u>	mall Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	I	200	100		
Design	200	100	100	50	- 1	130	65		
Plant	200	100	300	150		160	80		
Reissue	300	150	500	250	ł	600	300		
Provisional	200	100	0	0		0	0		
								J	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 200 100 360 180									
<u>Total Claims</u> - 20 or HP =	Extra Claims X	<u>Fee (\$)</u>	Fee	Paid (\$)		Multiple D Fee(\$)	ependent C Fe	i <u>laims</u> e Paid (\$)	
HP = highest number Indep. Claims - 3 or HP =	of total claims paid for, Extra Claims X of total claims paid for,	Fee (\$)	<u>Fee I</u>	Paid (\$)		-			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: 1402 – 500.00									
SUBMITTED BY							(Co	omplete (if applicable)	
Name (Print/Type)	Mark L. Mollon			Registration No (Attorney/Agen		31,123		(734) 542-0900	
Signature	Montfi	woll		(Allomey/Agen	<u>"/_ L</u>		Date	April 3, 2006	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select Option 2.